

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/523454	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
CLAIMS						

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IND.	DEP.	IND.	DEP.
51	1		
52	1		
53	1		
54	1		
55	1		
56	1		
57	1		
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98			
99			
100			
TOTAL IND.	3		
TOTAL DEP.	27		
CLAIMS	30		